

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 15 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072004

Chg-P

CR2E034 (10/03)

MRS

DOCUMENT # P94000083482			
1. Entity Name ANJULY RAGS, INC.			
Principal Place of Business 700 W 27TH ST HIALEAH, FL 33010 US		Mailing Address 700 W 27TH ST HIALEAH, FL 33010 US	
2. Principal Place of Business 4457 East 11 Ave		3. Mailing Address 4457 East 11 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33010	Country Hialeah, FL	Zip 33010	Country Hialeah, FL
4. FEI Number 65-0538270		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE TROCHEZ, ANA 700 W 27TH ST HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE TROCHEZ, ANA J 700 W 27TH ST HIALEAH, FL 33010	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROCHEZ, HUGO A JR. 700 W 27TH ST HIALEAH, FL 33010	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: 7/9/04 Daytime Phone #: 305-769-2604	

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LAZARUS CORPORATION

FAX: 9052201440

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FLORIDA DEPT. OF STATE  
ANNUAL REPORT DEPT.  
REF: P94000083482

I'M SENDING THIS LETTER TO INFORM YOUR OFFICE THAT I NEVER  
RECEIVED MY ANNUAL REPORT. PLEASE NOTE THAT I CONTACTED YOUR  
OFFICE TO CHANGE ADDRESS BUT YOUR OFFICE NEVER CHANGED IT. I  
THANK YOU FOR CONSIDERING MY PETITION OF WAIVING THE LATE FEE.

THANKING YOU IN ADVANCE,

ANA DE TROCHEZ  
PRESIDENT